COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY	
(Includes Reference to PCT International Applications)	

ATTORNEY'S DOCKET NUMBER

380-117

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NAIL POLISHING STAND AND STORAGE CABINET

[X] is at [] was Seri on _ and	hich (check only one item below): tached hereto. filed as United States application al No. was amended		·,
Nun on _ and	filed as PCT international applicate the mber was amended under PCT Article 1	9	· .
I hereby state that I hat claims, as amended by I acknowledge the dut Title 37, Code of Fed I hereby claim foreign patent or inventor's cethe United States of A inventor's certificate of Inventor's ce	ve reviewed and understand the cory any amendment specifically referry to disclose information which is deral Regulations, §1.56. A priority benefits under Title 35, Untificate or of any PCT international america listed below and have also or any PCT international application d by me on the same subject matter	ntents of the above-identified spectred to above. material to patentability of this application (s) designating at least identified below any foreign applics) designating at least one country	reign application(s) for tone country other than lication(s) for patent or ry other than the United
PRIOR FOREIGN/PCT API	PLICATION(S) AND ANY PRIO	PRITY CLAIMS UNDER 35 U.	S.C. 119:
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			[]YES []NO []YES []NO
			[]YES []NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 380-117

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR **BENEFIT UNDER 35 U.S.C. 120:**

U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILI	NG DATE	PATENTED	PENDING	ABANDONED
РСТ /	APPLICATIONS DESIGNATING THE	E U.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration numbers):

> THOMAS M. GALGANO, Registration No. 27,638 DANIEL P. BURKE, Registration No. 30,735

Sen	Send Correspondence to: Thomas M. Galgano, Esq., Galgano & Burke 300 Rabro Drive, Suite 135, Hauppauge, New York 11788			Direct Telephone Calls to: (name and telephone number) (631) 582-6161
2	FULL NAME OF INVENTOR	FAMILY NAME MANGANO	FIRST GIVEN NAME JOY	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY ST. JAMES	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP U.S.A.
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1 SWAN PLACE	CITY ST. JAMES	STATE & ZIP CODE/COUNTRY N.Y. 11780 U.S.A.
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	СІТҮ	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	СТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	WY (1960)	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	1513	DATE	DATE
PTO 1301 (DEV 10/83)	7	Dec 2 of 2	APTIGNT OF COLOURNOS PARTIES A CON-

F:\G&b\380\117\declpoa.wpd